



# 22nd International Congress of Lymphology

21-25 September 2009 • Sydney Australia

## patient education & information evening

REGISTRATION FORM /TAX INVOICE • ABN: 47 067 147 411

**Register online at [www.lymphology2009.com](http://www.lymphology2009.com) or return form to:**

22ISL Congress Secretariat: ICMS Australasia Pty Ltd, GPO Box 3270, Sydney NSW 2001, AUSTRALIA

Telephone: +61 (0) 2 9254 5000 • Email: [info@lymphology2009.com](mailto:info@lymphology2009.com) • Facsimile: +61 (0) 2 9251 3552

**Please complete one form for each registrant. Print clearly and retain a copy for your own records.**

*Note: All fees are quoted in Australian Dollars (AUD) inclusive of 10% GST*

### section 1 delegate details PLEASE USE BLOCK LETTERS

Surname \_\_\_\_\_ Title (Prof/Assoc Prof/Dr/Mr/Mrs/Ms/Miss) \_\_\_\_\_

Given Name \_\_\_\_\_

Preferred name for name badge \_\_\_\_\_

Organisation/Institution \_\_\_\_\_

Address \_\_\_\_\_

City/Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_ Country \_\_\_\_\_

Telephone\*(\_\_\_\_\_) \_\_\_\_\_ Facsimile \*(\_\_\_\_\_) \_\_\_\_\_

\* Country + Area/City Codes required

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Special requirements (Wheelchair access or other requirements): \_\_\_\_\_

**Do you have any Dietary Requirements?** Delegate:  Yes  No

Vegetarian  Vegan  Diabetic  Allergy  Other \_\_\_\_\_

### section 2 registration fees All fees are quoted in Australian dollars (AUD) inclusive of 10% GST.

	Standard Rate	Registration Fees Sub Total
Public Information Evening – Adult	AUD 20	_____
Public Information Evening – Seniors	AUD 15	_____
Day Registration – Thursday	AUD 275	_____

\*\*\* Thursday day Registration includes access to the Public Information Evening on Wednesday evening, and excludes the Congress Dinner.

## section 3 social functions

Please indicate your attendance at all inclusive functions. Entry is limited to ticket holders only.

	Cost per person	No of Tickets	Sub Total
<b>Thursday 24 September 2009</b>			
Congress Dinner			
<input type="checkbox"/> Yes I will attend	AUD 120	_____	AUD _____

**SOCIAL FUNCTIONS SUB TOTAL AUD \_\_\_\_\_**

## section 4 accommodation

A range of accommodation has been reserved for delegates and their guests at highly competitive rates. Rates quoted are per room per night and inclusive of 10% GST. A tax invoice will be provided by the hotel on departure.

Accommodation bookings are subject to availability. Payment of the first night's tariff must be received with your registration to secure your accommodation booking. If a deposit is not received, your booking will not be processed and your room released back to the hotel. Please see the registration brochure for further details on accommodation booking conditions.

**Please number hotels and apartments in order of preference from 1-3.**

	Room Cost per person per night inclusive of GST	Preference
<b>IBIS DARLING HARBOUR</b>		
Pymont View Room Only	AUD 169	_____
Harbour View Room Only	AUD 199	_____
<b>NOVOTEL DARLING HARBOUR</b>		
Pymont View Room Only	AUD 229	_____
Harbour View Room Only	AUD 259	_____
<b>GRAND MERCURE</b>		
2 bedroom Pymont View Room Only	AUD 349	_____
2 bedroom Harbour View Room Only	AUD 549	_____
<b>OAKS GOLDSBROUGH APARTMENTS</b>		
Studio Apartment	AUD 204	_____
1 bedroom Apartment	AUD 228	_____
2 bedroom Apartment	AUD 339	_____

**To assist us with your booking please complete the following details:**

Check In Date \_\_\_\_\_ What time will you be arriving \_\_\_\_\_

Check Out Date \_\_\_\_\_ Total Number of Room Nights \_\_\_\_\_ Number of Occupants \_\_\_\_\_

Name of person/s if sharing \_\_\_\_\_

Please select room  Single  Double  Twin Do you require  Smoking  Non Smoking

As I will be checking in prior to 3.00pm, I wish to pre register my room from the previous night indicated above  
(an additional night's tariff applies)

I will be arriving after 6.00pm.

**ACCOMMODATION DEPOSIT SUB TOTAL AUD \_\_\_\_\_**

## Other accommodation arrangements

If you have not booked accommodation through the Congress Secretariat, could you please provide us with your accommodation details below:

- Hotel Hotel name: \_\_\_\_\_  
Check In: \_\_\_/\_\_\_/\_\_\_ Check Out: \_\_\_/\_\_\_/\_\_\_
- Day registration only       I'm staying with family and friends       I live locally

## section 5 summary of payments

Section 2	Registration Fees	AUD _____
Section 3	Social Functions	AUD _____
Section 4	Accommodation	AUD _____

**TOTAL PAYMENT ENCLOSED AUD \_\_\_\_\_**

### Payment

All prices are quoted in Australian Dollars (AUD) and inclusive of 10% GST. Payment must accompany your registration form. Congress registration cannot be confirmed until payment is received.

- Credit card** - charges as per this form are to be debited to:  
 Visa     MasterCard     American Express     Diners Club

Cardholder's name \_\_\_\_\_

Credit card number

Cardholder's signature \_\_\_\_\_ Expiry date \_\_\_/\_\_\_/\_\_\_

*Please note that debits to your credit card, will appear as ICMS Australasia on your credit card statement.*

### OR

- Cheque/international bank drafts.** Payable to **22nd International Congress of Lymphology.**  
Payment must be made in Australian dollars payable on an Australian bank and free of all charges.

- I have transferred the above sum to the following account:**

Account name: 22nd International Congress of Lymphology  
Bank: National Australia Bank  
Branch: 255 George Street Sydney NSW 2000  
Branch Name: National Australia Bank House Branch  
BSB: 082-057  
Account number: 75 390 8435  
SWIFT Code: NATAAU3303M

please send form and payment to:

**22ISL Congress Secretariat**  
**GPO Box 3270**  
**SYDNEY NSW 2001**  
**AUSTRALIA**

**Telephone: +61 (0) 2 9254 5000**

**Facsimile: +61 (0) 2 9251 3552**

**Email: [info@lymphology2009.com](mailto:info@lymphology2009.com)**

**Online Registration [www.lymphology2009.com](http://www.lymphology2009.com)**

### PRIVACY

In registering for the **22nd International Congress of Lymphology** relevant details will be incorporated into a **Delegate List** for the benefit of all delegates, and also may be made available to parties directly related to the Conference including venues, sponsors and key suppliers.

Yes, I consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

No, I DO NOT consent to the collection, use and disclosure of information (excluding credit card details) provided in this registration form in accordance with and for the purpose outlined above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_